British Medical Journal.

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THE WAR EMERGENCY.

THE campaign for the recruiting of commissioned officers for the R.A.M.C. is in full swing. Medical men of suitable age and physical condition in England and Wales are urged by the War Emergency Committee, which is sitting at 429, Strand, London, W.C., to take immediate service where possible, or to undertake to do so at some specified date. The scheme of enrolment is now worked out. All men of military age are earnestly requested to enroll themselves with the Committee as willing to take service in case of special emergency. Forms have been prepared which can be had on application. These forms provide spaces in which the doctor can enter the particular difficulty which prevents his volunteering forthwith. These difficulties will be taken into consideration by the Committee; men on this roll will only be called upon in case of special necessity, and each case will be considered on its merits according to the statements made by the signatory of the form. It is particularly requested that medical officers of municipal authorities who have medical men of military age on their staff will encourage these members of their staff to fill up these enrolment forms. By so doing they will render considerable service, enabling the Committee to have knowledge of all the available material; the statements made on the form of enrolment indicating the particular difficulty which prevents immediate volunteering will ensure that they do not lose these members of their staff, except in case of special necessity.

The Committee has this week received a communication from the War Office concerning the age limits for medical officers; it shows that the somewhat varied statements of the several commands have now taken definite and identical form. Medical officers for home service only will not be commissioned over the age of 55 years. Medical men for foreign service will now be accepted up to the age of 45 provided they are in every way fit. One important point arises out of the limitation of the age for commissions for home service to 55 years. It means that men over this age who are fit for additional work or for some form of medical practice differing from that which they are doing at present can best serve their country by doing the work of some younger man and releasing him for foreign service.

As has previously been reported, the Committee resolved to represent to the Director-General A.M.S. that it was not desirable that medical men of age for foreign service should fill home military posts. It has now been informed by the Medical Department of the War Office "that the question of men of military age doing military work at home is under our serious consideration, and steps have already been taken to prevent men who are under 40 being continuously employed in regular military hospitals in this country. The question is also being taken up with regard to Territorial Force General Hospitals and Voluntary Aid Hospitals, and it is hoped that a satisfactory arrangement will be arrived at. We are in every way discouraging younger men who are physically fit for active service from engaging for home service only."

Medical men desiring information on any of the points here mentioned should, if resident in England or Wales, apply to the Secretaries of the War Emergency Committee, 429, Strand; if resident in Scotland, to the Convener of the Scottish War Emergency Committee at the Royal College of Physicians, Edinburgh; if resident in Ireland application may for the present be made to the Medical Secretary in Ireland of the British Medical Association, Dr. Hennessy, 16, South Frederick Street, Dublin.

THE HIGHLANDS AND ISLANDS MEDICAL SERVICE.

THE schemes of the Highlands and Islands Medical Service Board for the amelioration of conditions in respect of medical attendance and treatment in those remoter parts of Scotland were published in the SUPPLEMENT to the JOURNAL of August 21st, and this week we are enabled by the courtesy of the Board to publish (p. 404) for the information of the profession generally the documents it sent on August 16th to the medical practitioners resident in the areas concerned.

It will be worth while in the first place to trace the brief history of the Board. Representations as to the difficulty of securing a satisfactory medical service for the Highlands and Islands were made to the Treasury by the Scottish Insurance Commission soon after it was formed, and in July, 1912, a Committee was appointed, with Sir John Dewar, M.P. for Inverness, as Chairman, to consider "how far the provision of medical attendance in districts situated in the Highlands and Islands of Scotland is inadequate, and to advise as to the best method of securing a satisfactory medical service therein, regard being had to the duties and responsibilities of the several public authorities operating in such districts." The members of the Committee made a tour of the Highlands, encountering discomforts by land and sea which must have impressed on them the perils of practice in these districts; they heard many witnesses as reported in our columns at the time, and after they got home drew up a report which was made the basis of the Highlands and Islands (Medical Service) Grant Act of 1913. This Act provided that for the four years ending December, 1917, on which date the Act itself will expire, there shall be paid to the Board set up by the Act the sum of £12,000 a year "for the purpose of improving medical service, including nursing, in the Highlands and Islands of Scotland, and otherwise providing and improving means for the prevention, treatment, and alleviation of illness and suffering therein."

The Board got to work in November, 1913, but beyond issuing its first annual report in June last gave no overt signs of life until, on August 16th, it launched upon the practitioners in the Highlands and Islands a series of documents of a voluminous and complicated character, and demanded much information and the acceptance of a draft agreement on or before August 31st. When it is remembered that at the best of times the post to not a few of the places takes several days, and moreover that at this particular time fully a third of the medical practitioners concerned are serving in the Army and Navy, many of them in Flanders or the Dardanelles, it is difficult to understand how the blunder of allowing so short a time for consideration could have been made. That

it was no more than a blunder we have no doubt, but it would not have needed very much imagination to picture the perplexity such an avalanche of documents must produce in the mind of an isolated man not perhaps very well acquainted with legal terminology, and the suspicion which the short time allowed for their consideration, a time so short as to render consultation among the men affected practically impossible, would naturally arouse.

We must credit a Board appointed for a purpose so benevolent and containing so large a proportion of medical members with the best intentions, and it will be proper first of all to attempt to realize the objects the Board may be supposed to have had in view. We take it that they were somewhat as follows: The grant is intended to benefit the population of the Highlands by making available for them medical attendance and nursing on reasonable terms. The money is not to be devoted wholly to doctors and nurses; it is to include the cost of such facilities as improved telegraph and telephone communication and aid in the provision of hospitals and of suitable houses for doctors and nurses; but increased income and increased travelling facilities for doctors and nurses are important features of the proposals. Before the Insurance Act relieved the situation the plight of many doctors was lamentable, and there is still much room for improvement, especially in remote and thinly-populated areas, where many of the people have very little command of money.

The medical problem is divided pretty sharply into two parts, though they overlap each other—namely, single practice areas and multiple practice areas. In the former the doctor has no competitor. The local sources of income are very small, and the legislature intended in every such case to make life at least tolerable for the doctor. The Committee's idea, as suggested in questions to medical witnesses, would seem to have been an income of £300 a year after paying travelling outlays, and house rent and rates and taxes, excepting income tax. The Board appears to have adopted the principle that every local source of medical income should be utilized to provide a living for the doctor of the single practice area. If there is to be any treatment of school children, the doctor is to be prepared to undertake it and the salary will be taken into account. If there is a lighthouse the Lighthouse Commissioners' payment for medical attendance should, it is considered, go to the same man and not to some one from a distance. The parish council appointment is commonly the most important; next comes the income under the Insurance Acts; and all these also should, it is held, be in the hands of the same man. The request that the amount received from appointments under the Poor Law and Lunacy and Public Health and Education and Insurance Acts, as well as from private practice and from medicines, should be set out in the statement of income (Form 2) is doubtless due to considerations of this order. As we understand the matter, the idea of the Board is that when it is in possession of these details, and also the details of expenditure, it will be in a position to confer with the doctor as to the amount of subsidy appropriate to the case. With regard to private practice, it would appear that the Board desires, not merely that a doctor should be obtainable throughout the whole area of the practice, but that he should be obtainable at moderate terms—that is to say, that there should be for people of the crofter and cottar classes a fixed uniform fee, independent of distance, so that a crofter twenty miles away would pay the same charge for a visit as a crofter next door. Any reduction due to this cause in the income from existing private practice will have to be estimated in fixing the amount of the subsidy.

In multiple practice areas the position is in some respects different. A small town or populous village is usually the centre of a multiple practice area, and from the centre doctors go out in various directions to attend the strictly rural population. Sometimes many miles have to be travelled. It is equally important that in these areas also poor people should be assured of medical attendance at a rate within their means, but we gather that the Board does not propose to attain this end by making arrangements with the doctors in such a centre to secure for them a minimum net income. Their net income may already be in excess of anything that the Board would be able to offer, but the Board would appear to desire that the town or village doctors should receive under the grant such remuneration as will enable them to attend distant crofters and cottars at a fee commensurate with the means of the crofter or cottar. It is for this reason no doubt that Form 2 does not require from such doctors any information as to the income from private practice or the expenditure on travelling or on house rent, etc., and that the Board does not seek to know the net professional income.

Having, as we hope, done full justice to the intentions of the Board, we feel at liberty to say that the manner of their presentation has been most unfortunate. No attempt whatever was made by way of a memorandum to explain the objects the Board had in view or its, no doubt, excellent intentions. The covering letter issued on August 16th was of the driest official sort, and it certainly seemed to require the immediate signature of an agreement to cover the whole of 1915, including the eight months already expired, "and from year to year thereafter." The covering letter said that it was a draft form of agreement with practitioners which the Board proposed to adopt, "subject to adjustments according to the circumstances in each individual case," but not a word was said about how these adjustments were to be made. On the contrary, it appeared on the face of it that the form was to be duly witnessed and signed by the doctor over a 6d. stamp; Jeddart justice, in fact: hang him first and try him afterwards. The provision that the agreement may be terminated by three months' notice does not really relieve the situation and no appeal seems to have been provided in respect either to the amount of remuneration or the terms of service. At the hastily summoned meetings so far held in the Highlands it has been asked that any agreements now signed shall be considered provisional, and we have been given to understand that this is the Board's intention, but, if so, it has failed in the most singular manner to make it plain, and the further request made at these meetings for explanation is fully justified.

The reference in Scheme A, paragraph 4, to the matter of mileage has excited much apprehension; this is, we believe, really due to the unfortunate turbidity of the paragraph in question. The matter is made rather more clear in the paragraph quoted at p. 407 from the annual report of the Board. Before the Medical Service Act was passed a grant of £10,000 a year was voted by Parliament for mileage under the Insurance Act; later, Parliament voted £42,000 a year for all the purposes of the Board, among which was to be the making of arrangements for the payment of mileage for attendance not only on the insured under the Insurance Act, but also on the uninsured of the crofter and cottar class. It is, we think, clear that there is no intention to diminish the mileage grant, but there is equally no assurance that it will be maintained, or, as it ought to be, increased.

There are many other points which need to be cleared up. How, for instance, is a doctor to visit "systematically and when asked to do so" all persons in need of medical attention (all persons, let it be observed, from the shooting tenant to the cottar); how is he also to give personal attendance in midwifery cases, and to do these things while undertaking to make regular and systematic visits to certain localities on fixed days? How, again, is he to obtain and maintain his motor car or cycle, or motor boat? Is the capital expenditure to fall upon him, and when the motor cycle is smashed or the motor boat wrecked, is he to bear the cost of replacing it?

In this state of obscurity we are glad to know that the Scottish Committee of the British Medical Association has been summoned to meet at Perth on September 10th to discuss the whole matter in all its aspects.

THE UNIVERSITIES OF LANCASHIRE AND YORKSHIRE.

THE Vice-Chancellors of the Universities of Manchester, Liverpool, Leeds, and Sheffield addressed a letter on August 26th to the Committee on Public Retrenchment, expressing the desire of the authorities of these universities to do whatever is wise and possible to secure such economies in the expenditure of public and private moneys as will be found consistent with the needs of the country in the present national emergency. The letter expresses the opinion that it will be found on inquiry expedient in the economic interests of the nation somewhat to increase the public grants to the universities, even at the present time of financial difficulty. The four universities concerned have the intention of reducing their expenditure during the period of the war to the lowest point consistent with efficiency; they have already effected drastic economies and have others in view. The income of the universities is derived from the annual grant made by the Treasury to university institutions which, being without ancient endowment, need public subsidy in the discharge of their national work; from grants from the Board of Education for the encouragement of technological and professional training; from grants from the Board of Agriculture for the training of men and women as agriculturalists, horticulturists, and dairy farmers, and grants from the Development Commission for scientific experiments on a commercial scale for the resuscitation of the flax industry, and for the improvement of cereals and other crops. Their other source of income—students' fees—amounts in some instances to a quarter, and in others to two-fifths, of the total. The universities by their charters are open equally to women and men, and it is admitted that the number of women students may be maintained, possibly increased, especially in the faculties of arts and medicine. It is, however, submitted that the most important part of the work of these universities lies in the field of pure and applied science, in the training of chemists, physicists, doctors, dentists, public health officers, steel experts, civil, mechanical, and electrical engineers; architects, farmers, colliery managers, textile managers, metallurgists, gas engineers, dyers, and leather trade experts. The universities concerned have in consequence been able to render very important service, in some respects vital, to the State during the war, and they have further in a specifically military sense rendered important service, especially in the training of officers. "The various departments of a university," the letter continues, "are interdependent. The intellectual life of one department gains from intimate association with the intellectual life of another. For example, you could not curtail or close down the departments of inorganic and organic chemistry without paralysing the departments of chemistry applied to dye-stuffs, leather, or fuel consumption. Again, some of the researches in the physics department have a close bearing on the work of the department of textile industries, which at first sight seems remote. And the departments of applied science gain stimulus and range of vision from association with scholars who are engaged in economic, historical, and other studies. A university which is actively contributing to the life of the nation is a unity, and would be lamed by partial closure. Moreover, it takes years to form a staff of researchers and teachers imbued with the spirit of scientific co-operation. Such a staff is a delicate organization, and, if 'scrapped,' could not be started again at pleasure." The universities receive about one-fifth of their income from local authorities out of rates, but this support is to some extent measured by the Government grants; if the Government subsidy were cut down the local grant would probably be reduced, and the result to the universities would be very serious. The Vice-Chancellors insist upon the need of looking to the future; the universities, they say, were created to supply the educational needs of the great industrial populations of the north. They are slowly, and not without a struggle, winning the confidence and respect of the communities in which they are set, and are inculcating upon the business world the advantages of scientific education. If, they conclude, it be true "that one of the most obvious lessons to be drawn from the war is the need of an increased application of scientific method to industry, we feel that the northern universities have a great part to play in the direction of such a movement, and that it would be unwise and unthrifty to starve those of their energies which are devoted to that end." The force and truth of the appeal put forward by these four universities, which are bound together by a statute for the purpose of conducting a joint matriculation, and still more by the similarity of the duties which fall upon them in the great industrial communities which have called them into existence, will appeal to all those who appreciate the perilous position of British industries in competition with the enterprise of Germany and the United States, in both of which countries the leaders of industry seem to have a better understanding of the need for scientific investigation and scientific methods. From the point of view of the medical faculties, which, perhaps, more particularly concern us, it has now become a truism to say that they cannot be efficiently carried on without adequate endowments, or, failing them, adequate subsidies from the State and from municipalities; the time has long passed when students' fees, eked out by the utmost self-sacrifice of the teachers, could suffice. Medical education has become costly, and is certain to become yet more costly in the future.

FLIES AT THE FRONT.

It was foreseen that a plague of flies was to be expected both in Flanders and Gallipoli, owing to the conditions inevitably associated with military operations, especially, perhaps, when the forces engaged are more or less stationary. Apart from the discomfort which the troops would suffer by the presence of flies of various kinds in large numbers, the danger of the dissemination of disease was, of course, recognized, and the need of instituting effective practical methods of keeping down the plague to the smallest dimensions possible fully understood. In Flanders the precautions taken have been of an elaborate kind, and date back to April last—that is, before the commencement of the house-fly season, when a circular memorandum on *The Abolition of Flies in Camps, Billets, and Hospitals* was issued by the Director-General of Medical Services, British Forces in the Field. Sir Arthur Sloggett pointed out that within the area occupied by the British forces in the field there were concentrated enormous numbers of men and horses, with the result that abnormal quantities of stable manure and other waste organic matter were produced, and he added that in places along the line of the actual front there were many unburied

bodies. He anticipated that in consequence flies in unparalleled numbers would make their appearance in the course of the summer and autumn unless adequate measures were taken to prevent the insects from breeding. The memorandum, which was widely circulated to medical officers, contained full practical instructions for the prevention of the fly plague, and among other fly poisons enumerated was the solution of sodium arsenite, which, as was noted in the JOURNAL a short time ago, has recently been employed with success and, under proper precautions, without risk in South Africa. Very shortly after the issue of this circular, a special entomological commission for service in the field was appointed; it consisted of three well-known entomologists—Mr. Robert Newstead, F.R.S., Professor of Medical Entomology, Liverpool University; Mr. R. W. Jack, Government Entomologist, Southern Rhodesia; and Captain E. E. Austen (Artists' Rifles), British Museum (Natural History). The commission was instructed to study the question on the spot and to inquire into the efficacy of the measures for the suppression of flies already adopted or projected. After a preliminary investigation of the conditions in a part of the front area, visits were paid to the lines of communication and the various bases. An extensive series of experiments were made with a view to ascertaining the best method of dealing with fly-breeding places which it might be impossible to destroy by fire. As a result of this work, further recommendations were issued by the commission in an interim report. Since then the commission has been continuously engaged in visiting all parts of the front in turn with a view to giving advice to sanitary officers and others on the spot. In this way visits have been paid to a large number of casualty clearing stations, field ambulances, and advanced dressing stations, to the town of Ypres, to the trenches, and to farms and other billets within range of the enemy's guns. The flies to be dealt with have been house-flies, blue-bottle flies and green-bottle flies, and the places where the insects were found to be breeding, and the best practical means for checking them were indicated. In the trenches themselves house-flies have been less numerous than blue-bottle and green-bottle flies; although in certain places in the war zone in France and Belgium house-flies have been more numerous than could be wished, yet a great deal has been done, and but for the preventive measures adopted and the attention paid to the subject by those responsible the plague would undoubtedly have been much worse than it is. The blow-flies, blue and green, have presented greater difficulties. Dr. Shipley, in the account he published last year of the habits and life-history of both the blue-bottle fly and the green-bottle fly,[1] pointed out that two species of blue-bottle or blow-flies had to be considered, *Calliphora erythrocephala* and *C. vomitoria*. He spoke of them as outdoor flies which entered houses in search of a suitable place to deposit their eggs, by preference on fresh or decaying meat, but even on wounds. The habits of the green-bottle fly, *Lucilia cæsar*, are very similar, but it is said to prefer fish when it can find it. The eggs of the blue-bottle hatch out in from ten to twenty hours in normal British temperatures; the larval life in its three stages lasts from seven to eight and a half days; the pupa state lasts a fortnight, so that the total development extends a day or two over three weeks. Though no practical means for destroying these flies in the trenches on a wholesale scale have been devised, it has been found possible to drive them away by periodic spraying with a suitable fluid. Fortunately, though perhaps more annoying than house-flies, the blow-flies are far less dangerous to man as disseminators of disease.

[1] BRITISH MEDICAL JOURNAL, October 24th, 1914.

THE ALCOHOL QUESTION IN FRANCE.

M. RIBOT, the French Minister of Finance, has drafted a bill to regulate the manufacture and sale of alcoholic beverages in France, which embodies many of the recommendations of the Académie de Médecine enumerated in the JOURNAL of August 21st, p. 299, and those of the Académie des Sciences, which were almost identical. The discussion on the question of permitting wine as part of the regular ration issued to French soldiers was concluded by the Académie de Médecine on August 24th, but not before the views expressed by M. Gautier and others,[1] who advised a litre of wine a day to replace part of the meat, had been severely criticized by Professor Chauffard and Professor Richet. The former disputed the assertion that the food ration was insufficient, and denied that wine should be considered an aliment, holding that the Académie would come much nearer the truth if it described wine as an agreeable condiment. The issue of wine had been suggested as a means of fighting alcoholism, but he expressed the opinion that unless the soldier could be prevented from going to wine shops to supplement the ration the remedy would be worse than the disease. Professor Richet's criticism was directed mainly against the pedantic use of the doctrine of calories. A poisonous substance might be burnt up in the body and yield a certain number of calories, but it remained a poison, and it was not a contradiction in terms to say that alcohol both yielded calories and was a poison. He held that the use of wine, even in a small quantity, was an evil, that it slowed gastric digestion, and that if it produced some passing stimulation this was paid for by depression later on. At the same time, he thought that the habit of drinking wine was too deeply rooted to be eradicated, and that it would be better to issue wine in strictly limited quantities rather than to leave the soldier to obtain it clandestinely. Finally, the Académie determined to define a moderate quantity of wine as half a litre, the quantity issued daily in the French navy. After adopting the following aphorism: "*Apéritifs* never, wine with food and in moderate quantity, a liqueur occasionally, but only after a meal," it passed a resolution in these terms: "That naturally wine in moderate quantity—namely, in the same amount as in the navy—be included in the official ration of the soldier, and that precautions be taken to ensure that if the administration supplies wine to the soldiers they shall not be allowed to consume it elsewhere."

A LONG SHOT.

EARLY in 1886 Dr. Byrom Bramwell saw a man of 45 with complete loss of peripheral vision and very marked reduction of macular vision, the result of an attack of what appeared to be uræmic convulsions twenty months previously. Dr. Bramwell diagnosed the condition as probably due to a simultaneous bilateral lesion of the two occipital lobes of the brain, in the region of the half-vision centre. In October, 1910, the patient died of croupous pneumonia, and his brain was sent to Dr. J. S. Bolton, who completed his elaborate examination in May, 1915; it entirely confirmed the brilliant diagnosis made by Dr. Bramwell twenty-four and a half years before the patient's death; during that period the condition had remained practically unaltered, while sensory and motor paralyses were absent. Without going into detail, the following points from Dr. Bramwell's preliminary report[2] on the case may be noted. Originally the patient had an attack of acute general dropsy, probably due to acute nephritis, with epileptiform convulsions, permanent loss of peripheral vision, normal fundi, and no mind-blindness or word-blindness. During the next quarter of a century the patient remained in fair health, speaking generally, able to get about by himself and to read large type and to write; his mental condition was not abnormal; the pupils reacted normally to light and to accommodation. In 1905 the optic discs were described as having a somewhat leaden-grey atrophic

[1] BRITISH MEDICAL JOURNAL, August 7th, p. 231.
[2] *Edinburgh Medical Journal*, July, 1915.

appearance, with extensive shallow cupping, and a well developed scleral ring round each. The retinal arteries had a hard "silver-wire" appearance. After examining the brain, which contained a large lesion in each occipital lobe, Dr. Bolton makes the preliminary report that "the histological investigation of this case may thus claim not only to have explained the clinical features present during life, but to have added to our knowledge of the part played by the visuo-sensory area in macular and in non-macular or panoramic vision. It may, in fact, be stated that the anatomical basis of the former is the cortex of the calcarine core of the pear-shaped visuo-sensory area, and that the anatomical basis of the latter lies in the surrounding and remaining visuo-sensory cortex." Questions as to the cortical localization of the centres for the special senses in man can only be determined, as Dr. Bramwell points out, by the combined observations of the clinician and the pathologist in man, for the results obtained by experiments upon the lower animals cannot be transferred directly to human beings. In the present instance Dr. Bramwell's skill and his success in following up the patient have added materially to our knowledge of the functions of the visuo-sensory cortex.

GERMAN ORGANIZATION.

FOR a generation at least before the war the Germans made bold, if not always very skilful, use of bluff to establish a belief in their pre-eminence in various spheres of activity—as for instance, in science. They are pursuing the same policy in the war to-day. A year ago they were proclaiming loudly that the number, high training, and bravery of their soldiers, and the strategical genius of their generals would bring them early victory. Now, when these boasts would sound hollow, they proclaim that their confidence in ultimate success rests on the efficiency of their organization, civil as well as military. "The Germanic race," says Professor Ostwald, "has discovered the factor of organization." That its organization is very carefully thought out, and that when subjected to the maximum strain for which it is calculated it works very efficiently, no one doubts. When the strain on an organization is much greater than that calculated defects are bound to be disclosed, and a breakdown can only be avoided if there are skilled experts possessed of initiative in positions of sufficient authority to enable them to make good defects as they are detected. A year ago the cruelties to which British wounded were subjected by their captors were partly excused on account of the sudden stress produced by the rapid advance into France, which ought, of course, to have been foreseen, and partly explained by the ostentatious hatred with which fear of this country had inspired the German people. But the very interesting article by an "Exchanged Officer" in *Blackwood* for this month shows that even four months later, in January, 1915, the machine had not been repaired. At that late date a large number of wounded men, Germans and prisoners, were crowded into third-class carriages for the long journey from Flanders to southern Germany. No distinction was maintained—among the wounded prisoners, at any rate—between sitting-up and lying-down cases, the forwarding of the trains by the railway officers was about as bad as could be, the arrangements for feeding and supplies generally totally broke down, and the policing of the stations seems in many places to have been left to chance. A fact mentioned incidentally, and quoted as an example of good organization, is that dressing rooms and pharmacies had been established at railway stations in Belgium. This looks well until we learn that wounds were not dressed during the long journey, and that, in fact, there were no trained orderlies or nurses to make any attempt in that direction. The whole story of muddle and callousness takes us back to pre-Crimean days, with some added horrors, due to mere spite and cowardice, thrown in.

A SCHOLARLY PARANOIAC.

AMONG the minor benefits conferred upon us by the war is immunity from medical conversation at the mixed dinner table. Those ladies who were accustomed to dogmatize on diet and drugs now talk tactics and strategy. However, the attention given in various lay publications to a case which we will refer to as that of Dr. X., warns us that the interest in medical topics is only in abeyance, and is ready to become active again as soon as the interest in temporarily more absorbing matters has subsided. Dr. X., apart from his scholarship, which was not ordinary, was an ordinary paranoiac, with the ordinary proclivity of the paranoiac to take the life of his imaginary persecutor whenever opportunity presents and exasperation reaches the boiling point, from which it is never far distant. The double event occurred in the early hours of a winter's morning in 1872, and the unfortunate paranoiac, who ought not to have been allowed at large, shot and killed in the street an unoffending passer-by. It is not mentioned in the reports now published, but the fact was that on waking in the night Dr. X. had seen at the foot of his bed an imaginary figure which he took to be that of his persecutor. He bounded out of bed, seized his revolver, and followed the figure downstairs and into the street, where he saw a real man, whom he identified with the imaginary man that he was pursuing, and shot him dead. At the trial he was found "Not guilty, on the ground of insanity," and was detained at Broadmoor for many years. He was a man of education and literary tastes, and was, of course, allowed every alleviation possible, which in his case took the form of an abundant supply of books. The single rooms at Broadmoor are not spacious, nor elastic, and Dr. X.'s room was crammed with piles of books as high as a man, which left but the narrowest of passages between them; and here for many years he worked for Dr. Murray in the production of the wonderful Oxford *Dictionary*. The public gapes with wonder at the conjunction of madness with scholarship and unusually high intellectual attainments, but to those who are familiar with insanity there is nothing unusual in the combination, and to those who understand what insanity is there is nothing to wonder at in the combination. A highly intellectual and learned man is no more immune from insanity than a yokel or a boor, and in paranoia, as in many other mental disorders, the disorder affects but a small region, though unluckily a very important region, of mind, and leaves the remainder completely normal. *Pace* Mr. Pope, a little knowledge is not necessarily a dangerous thing. It is not dangerous if it is a sound knowledge of a true principle, and this resurrection of the case of the unfortunate Dr. X. would be of great value if it were used, not as an occasion for stupid wonderment, but as an opportunity of inculcating the maxim, which is generally true, that every paranoiac is a potential homicide, and that no paranoiac ought to be allowed at large. Unfortunately there are many paranoiacs at large. There are many who are so clever that their relatives and acquaintances cannot believe that they are mad, although they are well known to cherish delusions of persecution. Such persons are a grave danger to the community in which they live. Some years ago one of them, at Ramsgate, shot down seven unoffending wayfarers in the street, three of them fatally; and scarcely an assize goes by without one or more paranoiacs in some county or other being indicted for murder or some crime of violence.

THE Governor of Hong Kong announces that in the two weeks ending September 6th four cases of plague occurred; all died.

DR. JAMES DONELAN desires to state that, having resigned his appointment as medical referee to the London Committee of the French Red Cross, he has no further responsibility in regard to appointments in French auxiliary military hospitals.